United Nations A/RES/73/2

General Assembly

Distr.: General
17 October 2018

Seventy-third session
Agenda item 119

Resolution adopted by the General Assembly on 10 October 2018

[*without reference to a Main Committee (A/73/L.2)*]

73/2. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

The General Assembly

Adopts the following political declaration approved by the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases on 27 September 2018:

Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

Time to deliver: accelerating our response to address non-communicable diseases for the health and well-being of present and future generations

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 27 September 2018 to undertake a comprehensive review of the challenges and opportunities in the implementation of our existing commitments for the prevention and control of non-communicable diseases and the promotion of mental health, which constitute a major challenge for the health and well-being of our peoples and for sustainable development,

1. Strongly reaffirm our political commitment to accelerate the implementation of the 2011 political declaration and the 2014 outcome document of the previous high-level meetings of the General Assembly on the prevention and control of non-communicable diseases,[1] which continue to inspire our action and catalyse our

[1] Resolution 66/2, annex, and resolution 68/300.

efforts, and, in line with the 2030 Agenda for Sustainable Development,[2] reduce by one third premature mortality from non-communicable diseases by 2030 through prevention and treatment and promote mental health and well-being, by addressing their risk factors and the determinants of health;

2. Reaffirm General Assembly resolution 70/1 of 25 September 2015, entitled "Transforming our world: the 2030 Agenda for Sustainable Development", and the Addis Ababa Action Agenda of the Third International Conference on Financing for Development;[3]

3. Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health and recognize that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development;

4. Recognize that action to realize the commitments made for the prevention and control of non-communicable diseases is inadequate and that the level of progress and investment to date is insufficient to meet target 3.4 of the Sustainable Development Goals and that the world has yet to fulfil its promise of implementing, at all levels, measures to reduce the risk of premature death and disability from non-communicable diseases;

5. Acknowledge the progress achieved by some countries in the implementation of their commitments made in 2011 and 2014 for the prevention and control of four major non-communicable diseases, namely, cardiovascular diseases, diabetes, cancer and chronic respiratory diseases, by reducing their main common risk factors, namely, tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity, and by addressing the underlying social, economic and environmental determinants of non-communicable diseases and the impact of economic, commercial and market factors, as well as by improving disease management to reduce morbidity, disability and mortality;

6. Recognize that many countries still face significant challenges in the implementation of their commitments, and remain deeply concerned that the burden of non-communicable diseases continues to rise disproportionately in developing countries and that every year 15 million people between the ages of 30 and 69 die from non-communicable diseases and that 86 per cent of these premature deaths occur in developing countries;

7. Express grave concern that the huge human and economic cost of non-communicable diseases contributes to poverty and inequities and threatens the health of peoples and the development of countries, costing developing countries over the next 15 years more than 7 trillion United States dollars;

8. Welcome the fact that the General Assembly proclaimed 2016–2025 as the United Nations Decade of Action on Nutrition and encourage its implementation;

9. Welcome the convening of the World Health Organization Global Conference on Non-communicable Diseases, hosted by the Governments of Finland, the Russian Federation and Uruguay and the World Health Organization, from 18 to 20 October 2017 in Montevideo, and its outcome document, entitled "Montevideo road map 2018–2030 on non-communicable diseases as a sustainable development priority", as a contribution to the preparatory process leading to the third high-level meeting and recall World Health Assembly resolution 71.2 of 26 May 2018;[4]

[2] Resolution 70/1.

[3] Resolution 69/313, annex.

[4] See World Health Organization, document WHA71/2018/REC/1.

10. Welcome the report of the World Health Organization Independent High-level Commission on Non-communicable Diseases entitled "Time to deliver", and take note of its recommendations;

11. Recognize that mental disorders and other mental health conditions, as well as neurological disorders, contribute to the global burden of non-communicable diseases and that people living with mental disorders and other mental health conditions may face stigma and discrimination, being more susceptible to having their human rights violated and abused, and also have an increased risk of other non-communicable diseases and therefore higher rates of morbidity and mortality, and that depression alone affects 300 million people globally and is the leading cause of disability worldwide;

12. Acknowledge the significant impact of non-communicable diseases on children, which is of major concern, in particular the rising levels of obesity among them, recognizing that children who are given the opportunity to grow and develop in a healthy environment that is responsive to their needs, including breastfeeding, and that, at a young age, fosters and encourages healthy behaviour and lifestyles, including healthy dietary choices and regular physical activity, and promotes the maintenance of healthy weight, can greatly reduce the risk of non-communicable diseases in adulthood;

13. Acknowledge the impact of non-communicable diseases on older persons, which is of particular concern, given the growing proportion of older persons and recognizing that they have an increased risk of multiple non-communicable diseases, which constitutes a major challenge for health systems;

14. Acknowledge that mainstreaming a gender perspective into the prevention and control of non-communicable diseases is crucial to understanding and addressing the health risks and needs of women and men of all ages, giving particular attention to the impact of non-communicable diseases on women in all settings;

15. Reaffirm the primary role and responsibility of governments at all levels in responding to the challenge of non-communicable diseases by developing adequate national multisectoral responses for their prevention and control, and promoting and protecting the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and underscore the importance of pursuing whole-of-government and whole-of-society approaches, as well as health-in-all-policies approaches, equity-based approaches and life-course approaches;

16. Acknowledge that other stakeholders also share responsibility and can contribute in creating an environment conducive to preventing and controlling non-communicable diseases, and recognize the need to bring together civil society and the private sector to mobilize all their available resources, as appropriate, for the implementation of national responses for the prevention and control of non-communicable diseases;

We therefore commit to scale up our efforts and further implement the following actions:

17. Strengthen our commitment, as Heads of State and Government, to provide strategic leadership for the prevention and control of non-communicable diseases by promoting greater policy coherence and coordination through whole-of-government and health-in-all-policies approaches and by engaging stakeholders in an appropriate, coordinated, comprehensive and integrated, bold whole-of-society action and response;

18. Scale up the implementation of the commitments made in 2011 and 2014 for the prevention and control of non-communicable diseases through ambitious multisectoral national responses and thereby contribute to the overall implementation

of the 2030 Agenda for Sustainable Development, including by integrating, across the life course, action on the prevention and control of non-communicable diseases and the promotion of mental health and well-being;

19. Implement, according to own-country-led prioritization, a set of cost-effective, affordable and evidence-based interventions and good practices, including those recommended by the World Health Organization, for the prevention and control of non-communicable diseases, that can be scaled up across populations to promote health, treat people with non-communicable diseases and protect those at risk of developing them, with a particular emphasis on the needs of those in vulnerable situations;

20. Scale up the implementation of the commitments made in 2011 and 2014 to reduce tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity, taking into account, as appropriate, World Health Organization-recommended interventions for the prevention and control of non-communicable diseases,[5] in line with national priorities and targets;

21. Promote and implement policy, legislative and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the impact of the main risk factors for non-communicable diseases, and promote healthy diets and lifestyles;

22. Accelerate the implementation of the World Health Organization Framework Convention on Tobacco Control[6] by its States parties, while continuing to implement tobacco control measures without any tobacco industry interference and to encourage other countries to consider becoming parties to the Convention;

23. Implement cost-effective and evidence-based interventions to halt the rise of overweight and obesity, in particular childhood obesity, taking into account World Health Organization recommendations and national priorities;

24. Develop, as appropriate, a national investment case on the prevention and control of non-communicable diseases to raise awareness about the national public health burden caused by non-communicable diseases, health inequities, the relationship between non-communicable diseases, poverty and social and economic development, the number of lives that could be saved and the return on investment;

25. Establish or strengthen national multi-stakeholder dialogue mechanisms, as appropriate, for the implementation of the national multisectoral action plans for the prevention and control of non-communicable diseases in order to attain the national targets;

26. Share information with global and regional partners on experiences, including successes and challenges related to the implementation of national policies and programmes to prevent and control non-communicable diseases and promote health, in order to further strengthen the global knowledge and expand the evidence base on best practices and lessons learned, including on traditional medicines, to promote informed action;

27. Invest in research, including in public health measures, on health promotion and disease prevention and the health sector's role therein, and in new treatment options for prevention and cost-effective therapies;

---

[5] Such as the World Health Organization Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020, the comprehensive mental health action plan 2013–2020, the global strategy and action plan on ageing and health 2016–2020, the global action plan on physical activity 2018–2030, the Global Strategy on Diet, Physical Activity and Health and the Global Strategy to Reduce the Harmful Use of Alcohol, as well as the World Health Organization Framework Convention on Tobacco Control.

[6] United Nations, *Treaty Series*, vol. 2302, No. 41032.

28. Take the necessary measures to recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health across the life course, in respecting human rights obligations and addressing the specific health needs of children, women, older persons, persons with disabilities and others who are more vulnerable to non-communicable diseases;

29. Take measures to better prepare the health systems to respond to the needs of the rapidly ageing population, including the need for preventive, curative, palliative and specialized care for older persons, taking into account the disproportionate burden of non-communicable diseases on older persons, and that population ageing is a contributing factor in the rising incidence and prevalence of non-communicable diseases;

30. Scale up efforts to use information and communications technologies, including e-health and m-health and other innovative solutions, through, inter alia, the promotion of public-private partnership to accelerate ambitious action towards the prevention and control of non-communicable diseases;

31. Increase global awareness, action and international cooperation on environmental risk factors, to address the high number of premature deaths from non-communicable diseases attributed to human exposure to indoor and outdoor air pollution, underscoring the particular importance of cross-sectoral cooperation in addressing these public health risks;

32. Promote healthy communities by addressing the impact of environmental determinants on non-communicable diseases, including air, water and soil pollution, exposure to chemicals, climate change and extreme weather events, as well as the ways in which cities and human settlements are planned and developed, including sustainable transportation and urban safety, to promote physical activity, social integration and connectivity;

33. Encourage the adoption of holistic approaches to health and well-being through regular physical activity, including sports, recreation and yoga, to prevent and control non-communicable diseases and promote healthy lifestyles, including through physical education;

34. Empower the individual to make informed choices by providing an enabling environment, strengthening health literacy through education, and implementing population-wide and targeted mass and social media campaigns that educate the public about the harms of smoking and/or tobacco use and second-hand smoke, the harmful use of alcohol and the excessive intake of fats, in particular saturated fats and trans-fats, sugars and salt, promote the intake of fruits and vegetables, as well as healthy and balanced sustainable diets, and reduce sedentary behaviour;

35. Strengthen health systems and reorient them towards the achievement of universal health coverage and improvement of health outcomes, and high-quality, integrated and people-centred primary and specialized health services for the prevention, screening and control of non-communicable diseases and related mental health disorders and other mental health conditions throughout the life cycle, including access to safe, affordable, effective and quality essential diagnostics, medicines, vaccines and technologies, and palliative care, and understandable and high-quality, patient-friendly information on their use, as well as health management information systems and an adequate and well-trained and equipped health workforce;

36. Promote increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), as amended, and also reaffirming the 2001 Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property

rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and notes the need for appropriate incentives in the development of new health products;

37. Implement measures to improve mental health and well-being, including by developing comprehensive services and treatment for people living with mental disorders and other mental health conditions and integrating them into national responses for non-communicable diseases, and addressing their social determinants and other health needs, fully respecting their human rights;

38. Promote access to affordable diagnostics, screening, treatment and care, as well as vaccines that lower the risk of cancer, as part of the comprehensive approach to its prevention and control, including cervical and breast cancers;

39. Integrate, as appropriate, responses to non-communicable diseases and communicable diseases, such as HIV/AIDS and tuberculosis, especially in countries with the highest prevalence rates, taking into account their linkages;

40. Strengthen the design and implementation of policies, including for resilient health systems and health services and infrastructure to treat people living with non-communicable diseases and prevent and control their risk factors in humanitarian emergencies, including before, during and after natural disasters, with a particular focus on countries most vulnerable to the impact of climate change and extreme weather events;

41. Pursue all necessary efforts to mobilize the full, active and responsible engagement and participation of all relevant stakeholders for the prevention and control of non-communicable diseases;

42. Promote meaningful civil society engagement to encourage Governments to develop ambitious national multisectoral responses for the prevention and control of non-communicable diseases, and to contribute to their implementation, forge multi-stakeholder partnerships and alliances that mobilize and share knowledge, assess progress, provide services and amplify the voices of and raise awareness about people living with and affected by non-communicable diseases;

43. Engage with the private sector, taking into account national health priorities and objectives for its meaningful and effective contribution to the implementation of national responses to non-communicable diseases in order to reach Sustainable Development Goal target 3.4 on non-communicable diseases, while giving due regard to managing conflicts of interest;

44. Invite the private sector to strengthen its commitment and contribution to the implementation of national responses to prevent, control and treat non-communicable diseases to reach health and development objectives by:

(a) Promoting and creating safe and healthy working environments, by implementing occupational health measures, including by establishing tobacco-free workplaces, and through good corporate practices, workplace wellness programmes and health insurance plans, as appropriate;

(b) Encouraging economic operators in the area of alcohol production and trade, as appropriate, to contribute to reducing harmful use of alcohol in their core areas, taking into account national religious and cultural contexts;

(c) Taking concrete steps, where relevant, towards eliminating the marketing, advertising and sale of alcoholic products to minors;

(d) Further producing and promoting food products consistent with a healthy diet, making further efforts to reformulate them in order to provide healthy and

nutritious options, reducing the excessive use of salt, sugars and fats, in particular saturated fats and trans-fats, as well as providing appropriate content information of those nutrients, bearing in mind international guidelines on nutrition labelling;

(e) Committing to further reduce the exposure of children to and impact on them of the marketing of foods and beverages high in fats, in particular saturated fats and trans-fats, sugars or salt, consistent with national legislation, where applicable;

(f) Contributing to further improving access to and the affordability of safe, effective and quality medicines and technologies in the prevention and control of non-communicable diseases;

45. Establish or strengthen transparent national accountability mechanisms for the prevention and control of non-communicable diseases, taking into account government efforts in developing, implementing and monitoring national responses for addressing non-communicable diseases and existing global accountability mechanisms;

46. Commit to mobilize and allocate adequate, predictable and sustained resources for national responses to prevent and control non-communicable diseases and to promote mental health and well-being, through domestic, bilateral and multilateral channels, including international cooperation and official development assistance, and continue exploring voluntary innovative financing mechanisms and partnerships, including with the private sector, to advance action at all levels;

47. Call upon the World Health Organization to continue to exercise its leadership, as the directing and coordinating authority on international health, in order to contribute to Member States' efforts to prevent and control non-communicable diseases by continuing and strengthening its normative and standard-setting work and its capacity to develop and provide technical cooperation, assistance and policy advice to Member States, as well as to enhance its multi-stakeholder engagement and dialogue, including through the World Health Organization global coordination mechanism on the prevention and control of non-communicable diseases and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases;

48. Also call upon the World Health Organization to continue to promote and monitor enhanced global action to prevent and control non-communicable diseases by coordinating work with other United Nations agencies, development banks and other regional and international organizations, including by exploring new financing, implementation, monitoring and evaluation and/or accountability mechanisms;

49. To implement these actions, we commit to act in unity to create a just and prosperous world where all people can exercise their rights and have equal opportunities to live healthy lives in a world free of the avoidable burden of non-communicable diseases;

50. We request the Secretary-General, in consultation with Member States, and in collaboration with the World Health Organization and relevant funds, programmes and specialized agencies of the United Nations system, to submit to the General Assembly, by the end of 2024, for consideration by Member States, a report on the progress achieved in the implementation of the present political declaration, in preparation for a high-level meeting on a comprehensive review, in 2025, of the progress achieved in the prevention and control of non-communicable diseases and the promotion of mental health and well-being.

18th plenary meeting
10 October 2018